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Patent

Attorney's Correspondence No.: 053313.P017

In re the Application of: William S. Oakley

TC 2800 MAIL ROOM
(Inventor(s))

Application No.: 09/602,345

Filed: June 23, 2000

For: Multi-Channel Optical Recording Using VCSEL Arrays

(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|---|-----------------------------|-------|---------------------------------|---------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra |
| Total Claims | * 22 | Minus | ** 22 | 0 |
| Indep. Claims | * 3 | Minus | *** 3 | 0 |
| <div><input type="checkbox"/> First Presentation of Multiple Dependent Claim(s)</div> | | | | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

| SMALL ENTITY | |
|----------------|----------------|
| Rate | Additional Fee |
| X9 | \$ |
| X40 | \$ |
| +135 | \$ |
| Total Add. Fee | \$ |

| OTHER THAN A SMALL ENTITY | |
|---------------------------|----------------|
| Rate | Additional Fee |
| X18 | \$ 0 |
| X80 | \$ 0 |
| +270 | \$ 0 |
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on August 17, 2001

Date of Deposit

Carrie Boccaccini

Name of Person Mailing Correspondence

Signature

8-17-2001

Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

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 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

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BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: August 17, 2001

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